

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000104639

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: OLYMPUS TECHNOLOGIES INC.

Current Principal Place of Business:

4199 SW 67 AVE
206
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4199 SW 67 AVE
206
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1154320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORSETT, MICHAEL W
4199 SW 67 AVE
206
DAVIE, FL 33314

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORSETT, MICHAEL W
Address: 4199 SW 67 AVE # 206
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: CARVALHO, ALOISIO JR.
Address: 4199 SW 67 AVE # 206
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: TADDONIO, BRIAN
Address: 5 GLENVIEW DR.
City-St-Zip: ARDEN, NC 28704

Title: V () Delete
Name: REITERMAYER, MICHAEL
Address: 101 BELLE VERNON
City-St-Zip: HORSE SHOE, NC 28742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DORSETT

P

02/20/2002

Electronic Signature of Signing Officer or Director

_____ Date